GM 53-14

KANSAS SECRETARY OF STATE

General Partnership Amendment

CONTACT: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov

Above space is for office use only.



INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. **Please read instructions before completing**.

1. Business entity ID number: This is not the Federal Employer ID Number (FEIN)	
2. Name of the partnership: Name must match the name on record with the Secretary of State	
3. Identify the statement to be amended:	
4. The statement is amended as follows:	
5. I/We declare under penalty of perjury und and that I/we have remitted the required fee.	er the laws of the state of Kansas that the foregoing is true and correct
Signature of partner	Date (month, day, year)
Signature of partner	Date (month, day, year)
2. Submit this form with the \$35 filing fee. STAY UP-TO-DATE ON YOUR ORGANIZATION'S WWW.SOS.KS.GOV. UNDER QUICK LINKS, SEL	d in another state may be filed instead of this form. STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO ECT SEARCH BUSINESS ENTITY INFORMATION. ecks returned by your financial institution.
NOTICE: There is a \$25 service fee for all ch	